The Capitol Hill Monitor

CLOSED

Volume 1 Issue 10 December 1995

INSIDE THE DISTRICT'S EMS CAD SYSTEM

As mentioned in the November newsletter, the District Fire Department recently adopted an extensive coding system for processing and dispatching calls for medical emergencies. With the assistance of District Paramedic Kurt Hoffman and Firefighter Dave Purcell, we have extensive details this month on the new system.

The coding system, better known as the Advanced Medical Priority Dispatch System (AMPDS), was developed by Medical Priority Consultants. AMPDS consists of a written set of questions and instructions which assists 9-1-1 call-takers in obtaining the patient's condition, recommending what units to send, and instructing the caller in pre-arrival first aid. Based on the answers the call-taker receives, each medical emergency is assigned a classification code. Depending upon the dispatcher, the code may, or may not, be passed along to responding units over the radio.

"Chief complaint" categories (chest pain, breathing problems, traffic accident, etc.) are numbered from 1 to 32. Within each chief complaint category there are four response levels (A, B, C and D). Within each level, subdeterminant classifications exist which range from one to seven. This results in a code specific to the chief complaint and the most significant sign, symptom, mechanism of injury or injury location found to be present for any particular call.

The four response levels, Alpha, Bravo, Charlie and Delta, are based on "determinants." Determinants are a sign, symptom, mechanism of injury, or an anatomical location of an injury. When call-takers identify a determinant in one of the four response levels, they dispatch the appropriate units as identified by that protocol.

A caller suffering chest pain who is in severe respiratory distress, for example, would be classified as a 10-Delta-1. Code 10-C-1 would be more serious than a 10-A-1, but not as serious as a 10-D-1.

AMPDS structures the emergency call-taking process into five phases.

During the CASE-ENTRY phase the call-taker obtains information about the location of the emergency or victim, along with the patient's chief complaint, age, level of consciousness and breathing status.

The KEY QUESTIONS phase further defines the details of the situation through questions specific to the chief complaint. Upon completion of the key question sequence, an appropriate level of response is determined by the dispatcher (or the CAD system) based upon the presence or absence of priority symptoms such as chest pain, breathing problems, altered levels of consciousness or severe bleeding.

The RECOMMENDED DISPATCH phase recommends what kind of apparatus to dispatch based on answers received during the case entry and/or key question phases.

The POST-DISPATCH INSTRUCTIONS phase provides important and specific instructions for the caller and the call-taker which relate directly to the chief complaint.

The PRE-ARRIVAL INSTRUCTIONS provide detailed "scripts" for the call-

NEXT CHM MEETING DATE

Sat., Jan. 20; from 1 to 4 p.m.

Mark your calendars for the next CHM meeting which is set for Saturday, January 20, 1996 on the second floor of the Takoma Park municipal building, 7500 Maple Ave., in Takoma Park. This is next to the Takoma Park library near the intersection of Philadelphia and Maple avenues (contact Alan if you need directions). We hope to have a guest speaker or two and some exciting cookies! Please check with Alan (301-270-2531) a few days before to confirm date and time. In the event of snow, the date will be postponed.

SAMPLE "GENERIC" AMPDS RESPONSE ASSIGNMENTS

A Delta response is the most critical. Omega is the least critical. Actual response assignments vary depending upon the jurisdiction. "Hot" is priority and "cold" is a non-priority response.

Omega:
Referral/Alternate Care
A-Alpha: Closest BLS (cold) and ambulance (cold)
B-Bravo: Closest BLS (hot) and ambulance (cold)
C-Charlie: Paramedics (hot) and ambulance (cold)
D-Delta: BLS Ambulance (hot), paramedics (hot) and ambulance (hot)

taker to use to talk the caller through various emergency medical procedures requiring immediate attention, such as CPR, choking and childbirth.

CHIEF COMPLAINT CATEGORIES

Abdominal Pain / Problems
1-A-1 Abdominal pain
1-C-1 Males (age 35 and older)
1-C-2 Females (age 45 and older)
1-C-3 Not alert
1-C-4 Females with fainting (ages 12 to 50)

Allergies / Hives / Medical Reactions / Stings
2-A-1 No difficulty breathing or swallowing (rash, hives, or itching may be present)
2-B-1 Unknown symptoms (3rd party situation)
2-C-1 Difficulty breathing or swallowing
2-D-1 Severe respiratory distress
2-D-2 Not alert
2-D-3 Condition worsening

Animal Bites / Attacks
3-A-1 Superficial or minor bites
3-A-2 Spider or insect bites
3-B-1 Peripheral bites with serious hemorrhage
3-B-2 Unknown injuries (3rd party situation)
3-D-1 Severe central bites
3-D-2 Large carnivore
3-D-3 Zoo animal
3-D-4 Exotic animal
3-D-5 Any snake
3-D-6 Attacks or multiple animals

Assault / Rape
4-A-1 Not dangerous injuries
4-A-2 Non-recent injuries (six hours or more)
4-B-1 Possibly dangerous injuries
4-B-2 Serious hemorrhage
4-B-3 Unknown injuries (police not present)
4-D-1 Multiple victims
4-D-2 Dangerous injuries
4-D-3 Not alert
4-D-4 Abnormal breathing

Back Pain (Non-Traumatic)
5-A-1 Non-traumatic back pain
5-A-2 Non-recent traumatic back pain (six hours or more)
5-C-1 Fainting (age 50 and older and non-traumatic)
5-D-1 Not alert

Breathing Problems
6-C-1 Difficulty breathing
6-C-2 Asthma
6-C-3 Cardiac history
6-D-1 Severe respiratory distress
6-D-2 Not alert
6-D-3 Sweaty or changing color

Burns / Explosion
7-A-1 Small burns (less than 18 percent)
7-A-2 Sunburn or minor burns (hand size or less)
7-B-1 Unknown extent (3rd party situation)
7-C-1 Difficulty breathing
7-C-2 Large burns (18 percent or greater)
7-D-1 Multiple victims
7-D-2 Severe respiratory distress
7-D-3 Not alert
7-D-4 Explosion

Carbon Monoxide / Inhalation / HazMat
8-B-1 Alert and breathing normally
8-C-1 Alert with abnormal breathing
8-D-1 Multiple victims
8-D-2 Not alert
8-D-3 Hazmat
8-D-4 Unknown status (3rd party situation)

Cardiac / Respiratory Arrest
9-B-1 Obvious death situation (unquestionable)
9-D-1 Suspected cardiac arrest
9-D-2 Suspected respiratory arrest

Chest Pain
10-A-1 Normal breathing (age 34 and younger)
10-C-1 Normal breathing (age 35 and older)
10-C-2 Abnormal breathing
10-C-3 Cocaine
10-C-4 Cardiac history
10-D-1 Severe respiratory distress
10-D-2 Not alert
10-D-3 Sweaty or changing color

Choking
11-A-1 Not choking now (can talk or cry [for infant], is alert and breathing normally)
11-D-1 Choking
11-D-2 Abnormal breathing
11-D-3 Not alert

Convulsions / Seizures
12-A-1 Breathing now physically verified by caller
12-B-1 Age 34 and younger (breathing not verified)
12-C-1 Pregnancy
12-C-2 Trauma
12-C-3 Diabetic
12-C-4 Cardiac history
12-D-1 Continuous or multiple seizures
12-D-2 Age 35 and older (breathing not verified)
12-D-3 Not breathing (verified)

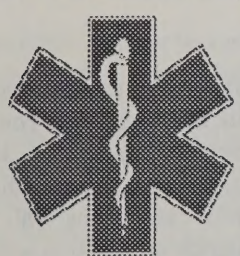
Diabetic Problems
13-A-1 Conscious and alert
13-C-1 Conscious but not alert
13-C-2 Conscious with abnormal breathing
13-D-1 Unconscious

Drowning (Near) / Diving Accident
14-A-1 Alert and breathing normally (no injuries and out of water)
14-B-1 Alert and breathing normally (injuries and/or in water)
14-B-2 Unknown status (3rd party situation)
14-C-1 Alert with abnormal breathing
14-D-1 Unconscious
14-D-2 Not breathing or underwater
14-D-3 Not alert and/or abnormal breathing
14-D-4 Suspected neck injury
14-D-5 Diving or SCUBA accident

Electrocution
15-C-1 Alert and breathing normally
15-D-1 Unconscious
15-D-2 Not disconnected from power
15-D-3 Power not off/hazard present
15-D-4 Not alert
15-D-5 Abnormal breathing
15-D-6 Long fall (six feet/two meters or more)
15-D-7 Unknown status (3rd party situation)

Eye Problems / Injuries
16-A-1 Moderate eye injuries
16-A-2 Minor eye injuries
16-B-1 Severe eye injuries
16-D-1 Not alert

Falls / Back Injuries (Traumatic)
17-A-1 Not dangerous injuries
17-A-2 Non-recent injuries (six hours or more)
17-B-1 Possibly dangerous injuries
17-B-2 Serious hemorrhage
17-B-3 Unknown injuries (3rd party situation)
17-D-1 Dangerous injuries
17-D-2 Long fall (six feet/two meters or more)
17-D-3 Not alert
17-D-4 Abnormal breathing



Headache
18-A-1 Headache only (without priority symptoms)
18-C-1 Not alert
18-C-2 Numbness or paralysis
18-C-3 Speech or movement problems
18-C-4 Sudden onset of severe pain
18-C-5 Recent head injury (24 hours or less)

Heart Problems
19-A-1 Heart rate less than 130 (without priority symptoms)
19-B-1 Unknown symptoms (3rd party situation)

Heart Problems (Cont.)
19-C-1 Not alert
19-C-2 Cardiac history
19-C-3 Heart rate 130 or greater (without priority symptoms)
19-C-4 Cocaine
19-D-1 Firing of implanted defibrillator

Heat / Cold Exposure
20-A-1 Alert (without priority symptoms)
20-B-1 Change in skin color
20-B-2 Unknown symptoms (3rd party situation)
20-C-1 Cardiac history
20-D-1 Not alert

Hemorrhage / Lacerations
21-A-1 Not dangerous hemorrhage
21-B-1 Possibly dangerous hemorrhage
21-D-1 Dangerous hemorrhage
21-D-2 Not alert
21-D-3 Severe respiratory distress

Industrial / Machinery Accidents
22-B-1 Unknown illness or injuries (not caught in machinery)
22-D-1 Multiple victims
22-D-2 Trapped or caught in machinery (unknown injuries)
22-D-3 Life status questionable

Overdose / Ingestion / Poisoning
23-Omega-1 Conscious and alert (ages 1 through 11)
23-B-1 Conscious and alert (age less than 1 or 12 or older)
23-C-1 Not alert (unable to talk)
23-C-2 Abnormal breathing
23-C-3 Antidepressants (tricyclic)
23-C-4 Cocaine
23-C-5 Acid or lye (alkali)
23-C-6 Violent
23-D-1 Unconscious
23-D-2 Severe respiratory distress

Pregnancy / Childbirth / Miscarriage
24-A-1 1st trimester bleeding or miscarriage
24-A-2 Illness during pregnancy (without priority symptoms)
24-B-1 Labor (delivery not imminent -- 2nd and 3rd trimester)
24-B-2 Unknown pregnancy problem (3rd party situation)

Pregnancy/Childbirth (Cont.)
24-C-1 2nd trimester bleeding or miscarriage
24-D-1 Baby born
24-D-2 Baby's head visible (crowning)
24-D-3 Imminent delivery (3rd trimester)
24-D-4 3rd trimester bleeding
24-D-5 Breech presentation

Psychiatric / Suicide Attempt
25-A-1 Non-violent and non-suicidal (alert)
25-B-1 Unknown symptoms (3rd party situation)
25-C-1 Not alert
25-C-2 Violent
25-C-3 Suicidal (threatening)
25-D-1 Hanging, strangulation, or suffocation

Sick Person (Specific Diagnosis)
26-A-1 No priority symptoms (complaint conditions 2-28 not identified)
26-A-2 - 26-A-28 Non-priority complaints
26-B-1 Unknown symptoms (3rd party situation)
26-C-1 Not alert
26-C-2 Cardiac history (complaint conditions 2-28 not identified)

Stab / Gunshot Wound
27-A-1 Non-recent single peripheral wound (six hours or more)
27-B-1 Known single peripheral wound
27-B-2 Non-recent single central wound (six hours or more)
27-B-3 Unknown situation (3rd party)
27-D-1 Central wounds
27-D-2 Multiple victims
27-D-3 Not alert
27-D-4 Multiple wounds

Stroke (CVA)
28-A-1 Alert and breathing normally (numbness, speech or movement problems may be present)
28-B-1 Unknown symptoms (3rd party situation)
28-C-1 Not alert
28-C-2 Abnormal breathing

Traffic Accidents
29-A-1 1st party caller with not dangerous injuries
29-B-1 Injuries
29-B-2 Unknown situation (3rd party)
29-D-1 Multiple victims
29-D-2 Auto vs pedestrian/motorcycle/bike
29-D-3 Hazmat
29-D-4 Trapped victim
29-D-5 Ejected victim
29-D-6 Not alert
29-D-7 Severe respiratory distress

Traumatic Injuries, Specific
30-A-1 Not dangerous injuries
30-A-2 non-recent injuries (six hours or more)
30-B-1 Possibly dangerous injuries
30-B-2 Serious hemorrhage
30-D-1 Dangerous injuries
30-D-2 Severe respiratory distress
30-D-3 Not alert

Unconscious / Fainting (Non-Traumatic)
31-A-1 Single fainting episode and alert (age 34 and younger)
31-A-2 Near fainting episode and alert (age 34 and younger)
31-C-1 Single or near fainting episode and alert (age 35 and older)
31-C-2 Multiple fainting episodes
31-C-3 Females with abdominal pain (age 12 through 50)
31-C-4 Conscious with abnormal breathing
31-C-5 Cardiac history
31-D-1 Unconscious (at end of interrogation)
31-D-2 Severe respiratory distress
31-D-3 Not alert

Unknown Problem (Man Down)
32-B-1 Standing, sitting up, moving or talking
32-B-2 Medical alert notifications

Unknown Problem (Cont.)
32-B-3 Unknown situation (3rd party)
32-D-1 Life status questionable

NEW FIRE ENGINES FOR DC?

Not quite! The District recently assigned unique radio numbers to all military fire departments in the city for mutual aid purposes. Engines from the three Naval District of Washington stations are now known as Engines 41, 42 and 43 on the DCFD radio. NDW has three fire stations, one each at Bolling, the Navy Yard and the Research Lab (companies 1 through 3, respectively). The NDW truck will identify as Truck 41 or perhaps as NDW Truck 21 (anyone know which is official?). The Walter Reed Army Medical Center fire station continues to identify as Company 55 (Engine 551, Truck 55, etc.). Thanks again to District Firefighter Dave Purcell for bringing this to our attention.

SECRET SERVICE ON FIRE MUTUAL AID?

A Secret Service dispatcher appears now to be able to communicate on 154.295 -- one of the area's fire mutual aid radio systems -- and has been included in the morning radio check.

DC HYPOTHERMIA VANS

This year the District's hypothermia vans operate on 464.35 with a CTCSS of 71.9. The base identifies as "Hypo" and the vans use three-digit numbers (125, 179, 184 and 219). This is a must-monitor frequency if you want to know what's going on in the downtown streets.

Had you monitored this frequency during the past few weeks, you would have heard about the man who was wrapped in a sleeping bag near the Watergate -- or the family in the 2100 block of Maryland Avenue NE which had no place to call home -- or the "young woman with a little girl" at Georgia Avenue and Fern Place near Walter Reed searching for a place to stay -- or the search for a homeless woman on Ninth Street -- or Hypo worker checking the status of the man who has made part of the sidewalk at 2000 Pennsylvania Ave. his home. You can also hear personnel deliver blankets ("blanket runs") to those who choose to remain on the streets.

Also on 464.35 is a security company [94.8] and the District's Office on Aging buses [100.0], among others.

MYSTERY FREQUENCIES

154.600

Dr. Willard Hardman confirms that the new Walmart store in Kingstowne Towne Center operates on 154.6, carrier squelch, at least for the time being. Last month, Larry Cordell confirmed the new Walmart store in Frederick on 154.6 as well.

463.125

PGPD Technical Specialist Frank Carson and Jim Burke of Children's Hospital confirmed that the Carriage Hill Apartment complex in Hillcrest Heights has been using Med channel 6, 463.125, for communication (see last month's newsletter for details). The FCC had apparently been made aware of the situation and the apartment complex left the frequency earlier this month. The FCC's Columbia field office has not responded to our calls regarding what action, if any, the inspectors took.

OUT BUFFING

by Tom Yeatman

Bob Pugh and I went buffing and it went okay. We usually figure, if we get something published or aired on TV, the night was a success. Bob had a photo of the fatal beltway accident at the I-270 spur appear in the Montgomery Journal.

We met at WUSA at about 11:30 p.m. and cruised back through the city to the Washington Times building. We communicated car-to-car via a simplex radio channel. Back at the Times, we parked my ordinary-looking Toyota and teamed up in Bob's 1992 Ford Crown Victoria. It is a former police car -- a true "buff" car! He has a Realistic Pro-2021 and a Pro-2030 mounted in the car and a Pro-39 portable, along with a cell phone and an Icom IC-U16.

Although the scanners hold a total of 200 to 300 channels, we blocked out all but five channels in each. We decided to go with the KISS (keep it simple, stupid) system. We programmed one scanner with the fire dispatch channels for the District, Prince George's, Montgomery and Howard counties.

The other scanner was programmed with police frequencies for MPD's 5th District, Citywide, SOD, A-8 and Prince George's County PD districts I and III and Montgomery County district III as well as the Citywide fire buffs notification system. The notification system was quiet during the fatal accident. The BNN and Firecom pager notifications systems, however, paged the accident in a timely fashion.

We cruised around in the 5th District some, not wanting to stray too far from the main arteries in case of a call. Our SOP is to respond immediately upon dispatch of any fire call, especially calls for house fires. Calls for house fires after midnight are almost never false. We respond without waiting for units to arrive on the scene because the time is too valuable. We want to, of course, get pictures with "fire showing" and that requires (usually) a fast response time.

We cruised up the B-W Parkway to Maryland Route 450 for donuts (required for overnight buffing). Back at the Times at about 2:30 a.m. we received the call for a personal injury accident on the beltway from Montgomery County fire. The call was dispatched as "involving a tractor-trailer."

We started immediately with this reporter driving. We hit the "elapsed time clock" to see how long it would take. We went up the B-W to the beltway. Traffic was non-existent. It took six minutes to get from the Times to the beltway, but seemed more like three. Just about three to four minutes into our response, a chief officer gave a return advising they had a car into the rear of a tractor-trailer with one DOA. We continued our response wondering what kind of police resistance we would encounter.

It was a quick trip around the outerloop to the accident scene which was also on the outerloop, at the I-270 spur. We pulled up in the fast shoulder with the numerous emergency vehicles. We were a little disappointed and surprised to see a TV photographer already on the scene. The Maryland State trooper we encountered was no problem at all. We were able to access the scene and photograph and videotape the Nissan Maxima that was embedded under the rear of the truck that had apparently slowed or stopped for construction.

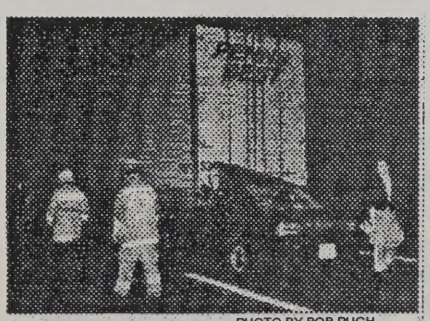


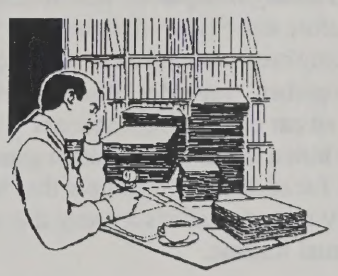
PHOTO BY BOB PUGH

We finished up in about 15 minutes. As we left, another TV photographer arrived on the scene. While Bob drove, I started calling the TV stations to determine if they would be interested in buying our video. WUSA said it had someone on the scene. WRC said it would take a look, so we headed over to Nebraska Avenue. At 3:30 a.m. we dropped off the tape. We then headed back across the city but we were unable to get anything else from the gods of misfortune. As it turned out, WRC used someone else's video, but at least we got in on a story and Bob got published in the Montgomery Journal.

Are you interested in "buffing" or coming along with Tom and Bob some evening? Tom, and hopefully Bob, will be speaking at our January meeting to tell us all about buffing.

SCANNER FOR SALE

Larry Cordell has a 200-channel Bearcat-200XLT portable programmable scanner for sale with cellular restored. The radio comes with house and car adapters. Larry says he paid $199.95 and is asking $100. You can call Larry at 301-253-2450 or page him at 301-414-9019.



NEWSSCAN

by Brent Baker

PHOENIX COUPLE FIND GOOD PAY IN VIDEOTAPING CRIME SCENES. She can't complain that he doesn't take her out on the weekends. Nearly every Friday and Saturday night, David and Carolyn Whitten are out until the wee hours, tooling around town checking out nightclubs, bars and parties, says the Nov. 23 Dallas Morning News.

Most of the time, wrote reporter Richard Ruelas, the Whittens get there before the body is loaded into the ambulance and driven away. What they do is go to late-night crime scenes, videotape the action, then sell the tape to television stations. The Whittens, who have been doing this for about three years, are among a handful of video freelancers across the Phoenix area.

The Whittens got their start in September 1992, when Mr. Whitten captured a helicopter's bumpy emergency landing on the street near his northwest Phoenix house. KSAZ-TV soon came to his door, wanting to show it to the rest of the city. That's when he learned how badly TV stations need videotape of news events. It's also when he learned that TV camera operators can't be everywhere at once. And that stations run a skeleton crew overnight.

A second career, Action News Video, was born. And the Whittens' Sharp Slim-Cam, previously used to record weddings and birthday parties, was filming at the scenes of homicides, armed robberies and car wrecks. "It seemed like everything started falling into place," Mr. Whitten said before one Friday night outing. "It has really been an enjoyment because we do it together," said Mrs. Whitten, who keeps an ear on the police scanner while Mr. Whitten tapes. Mr. Whitten gets $50 to $75 for each story. Multiply that by five TV stations and it's a pretty fair supplemental income.

The 40-ish couple head out about 10 p.m. and stay out until as late as 3 a.m. Then there's time for a few hours of sleep before the TV stations start calling, wondering what was taped the night before. The couple used to go out every night, but fatigue and the hectic pace caught up with them. After all, Mr. Whitten still holds his day job as a service adviser at a car dealership.

MAN OVERHEARS SHALALA CALL. A Madison, Wisconsin man, reports the Dec. 8 Wisconsin State Journal, taped a cellular phone conversation between University of Wisconsin-Madison Chancellor David Ward and U.S. Secretary of Health and Human Services Donna Shalala during November and now may face criminal charges.

Jan Sweet, the man who allegedly made the recording, said he hoped to use the conversation to blackmail Ward into halting construction of the Kohl Center basketball arena. UW-Madison Police searched Sweet's home and confiscated several items related to the investigation. District Attorney Bill Foust said he might charge Sweet with illegal wiretapping or possibly extortion. Sweet was questioned by university police but was not in custody.

The incident, the State Journal reported, "focuses attention on the lack of security in the changing world of telecommunications, particularly cellular phones." Foust said the laws regarding cellular phones are evolving and he would have to research whether an eavesdropping crime was committed. Sweet contacted the Wisconsin State Journal offering to sell the tape, which he said contained a Nov. 24 conversation between Ward and Shalala, Ward's predecessor. The State Journal said it declined to buy the tape but a reporter heard a portion of it.

Shalala, who was in Madison to attend the Nov. 25 Badgers football game with Ward, called Ward at home from a cellular phone. Sweet, who said he regularly monitors cellular phone conversations on equipment at his home, intercepted and taped the call.

Ward said he was disturbed that a private phone call was overheard and taped, but was not worried if the contents were made public. The State Journal has decided not to disclose, at this time, the portion of the tape heard by its reporter. Shalala could not be reached for comment. Her spokesman, Hector Zonana, said he had not heard of the incident.

ROBBER'S BIG MISTAKE -- CALLING A CAB. Police say James Collins made a big mistake when he robbed $2,000 from a Finderne, N.J. bank, and an even bigger one when he called a cab to make his getaway. A resourceful taxi dispatcher and a courageous cabbie helped nab Collins, less than an hour after police said Collins passed a note to a teller demanding money or he would open fire.

Collins, 25, crammed $2,000 into his jacket pocket, reported the Nov. 14, Gannett News Service, then went to an appliance store near the bank and phoned American Taxi, police said. In nearby Somerville a few miles away, Dennis DiPaolo, dispatcher and owner of the taxi company, noticed two cruisers pass by, and he switched on his police scanner.

DiPaolo then received a call for a cab from the appliance store from a nervous-sounding man asking for a ride to the Plainfield train station. DiPaolo tried to convince him the Somerville station was closer and cheaper, to no avail. DiPaolo dispatched a cab, then heard over the police scanner the news of the robbery and a description of the suspect. He called his cabbie, Charlie Meadoff, and relayed the broadcast description -- brown jacket, green baseball cap, long ponytail.

"It hit me, I thought what if this guy has a gun or a knife?" DiPaolo said. Meadoff apparently shared the same thought as he pulled up to the store and saw the suspect walking toward him. Meadoff, 47, only had time to radio DiPaolo "It's the guy," before the suspect climbed into the back seat and slouched down.

DiPaolo hit his speed-dialer and called Somerville police, who broadcast the message: The robber was in a green taxi. The taxi headed toward busy Route 22 en route to Plainfield, about 10 miles away. Suddenly, eight police cars converged on the cab and Collins was arrested without incident and charged with first-degree robbery. Police recovered the money.

TRANSIT POLICE WANT POWERS EXPANDED. If transit officers make an arrest while out of their jurisdiction, chances are the case could get thrown out of court, according to Barry J. McDevitt, deputy chief of Metro Transit Police. Furthermore, warned the Nov. 16 Prince George's Sentinel, because the officers

are out of their jurisdiction, they could be denied workers' compensation claims if they are injured during the arrest.

The Metro Transit Police was created in 1978 when WMATA began Metrorail service. Its 236-officer police force has jurisdiction currently in transit zones and at transit facilities, including bus stop areas. WMATA also seeks permission to allow its officers to carry guns while off-duty.

During a Nov. 7 hearing in Maryland, WMATA officials asked for expansion of WMATA's police jurisdiction. On-duty Metro transit officers would be authorized under proposed legislation to: "make arrests off transit facilities within the transit zone when immediate action is necessary to protect the health, safety, welfare or property of an individual from actual harm or from an unlawful act."

A law similar to the proposed Maryland law has already passed in the District and Virginia. If approved in Maryland, Congress must then ratify the law before it can go into effect.

Please address all correspondence to Alan. We encourage readers to submit material and to write articles which relate to the hobby. All submissions are subject to editing for both style and content. When submitting material please make certain we have your phone number should we have any questions. We welcome frequency and visitor requests, but please include a SASE.

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The Capitol Hill Monitor is the non-profit monthly newsletter of the *Capitol Hill Monitors*. The newsletter keeps scanner enthusiasts abreast of local meetings, frequency profiles and other topics of interest. Dues are $10 and include 12 issues (back issues cost $1 each). Kindly make checks payable to Alan Henney. Membership will be prorated accordingly in the event of a postage increase.

Meeting Coordinators:
Mike Peyton, Maryland Coordinator (703-749-7379)
Ken Fowler, Virginia Coordinator (703-385-2165)

Frequency Forum Computer Bulletin Board:
We encourage computer users to log onto Jack Anderson's Frequency Forum computer BBS at 703-207-9622 (8-N-1). Frequency Forum is the official electronic gathering place for readers of the Capitol Hill Monitor!

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PHOTO BY TOM YEATMAN

The Capitol Hill Monitor

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6 Issues Remaining

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